Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

September 25, 2017

Ms. Katherine Satterthwaite, Manager
Watson House
PO Box 878
North Bennington, VT 05257

Dear Ms. Satterthwaite:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on September 12, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

SEP 2 2 2017

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0160	A. BUILDING: _____ B. WING _____	09/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATSON HOUSE	18 PROSPECT STREET NORTH BENNINGTON, VT 05257

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was conduced by the Division of Licensing and Protection on 9/12/17. The findings include the following:	R100		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by the Registered Nurse (RN) Manager, the facility failed to monitor 1 applicable sampled resident who	R171		

R171 - R299 POCs accepted 9/25/17 MBertrand RN/BSN

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R171	Continued From page 1 receives psychoactive medication (Resident #2). The findings include the following: Per record review, Resident #2, has a physician order directing staff to assist with the administration of Risperidone 0.25 milligrams (mg.) by mouth daily at 2 PM for mood. Risperidone is a medication that is classified as an antipsychotic medication used to treat Schizophrenia, Bipolar Disorder, Dementia and Depression. Side effects that can be caused by using the medication are (but not limited to), muscle/nerve problems and Tardive Dyskinesia (a disorder that results in involuntary body movements). Per review of the medical record, there is no evidence that Resident #2 has been evaluated for side effects from antipsychotic medication. Per interview with the RN, confirmation is made at approximately 1 PM there has been no formal evaluation conducted for this resident, to monitor for side effects from antipsychotic medications.		**Attached AIMS {Abnormal Involuntary Movement Scale} form will be used for any resident receiving Psychoactive medications, They will be formally evaluated no less than quarterly. The dates of the due evaluation will be Written in the MAR and on the form used and will remain in the MAR. A copy of this form was also faxed to the Extended Care Pharmacy and were notified that anyone on a Psychoactive medicine is required to have this done in a Residential Care Home. Resident #2 evaluation was completed on September 13,2017 and will be repeated no less than quarterly.**	
R299 SS=C	IX. PHYSICAL PLANT 9.10 Life Safety/Building Construction All homes shall meet all of the applicable fire safety and building requirements of the Department of Labor and Industry, Division of Fire Prevention. This REQUIREMENT is not met as evidenced by: Based on record review, observation and confirmed by the manager, the facility failed to have the boiler inspected by a licensed certified	R299		9/13/17

Division of Licensing and Protection

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R299	Continued From page 2	R299		

boiler inspector, as indicated by the Vermont Fire and Building Safety Code 2012, (Section 6-Boiler and Pressure Vessel Inspection), within the two (2) year required timeframe. The findings include the following:

Per inspection during the environmental tour with the facility manager, on 9/12/17 at approximately 11:30 AM, inspection of the Certificate of Boiler & Pressure Vessel Inspection, identifies the boiler was lastly inspected on 8/4/14 and the certificate expires on 8/20/16. The facility manager confirmed the expired certificate.

The insurance company was notified on September 12,2017 regarding the boiler inspection due. Appointment scheduled to have The boiler [redacted] inspected on September 19,2017.

Inspection complete and copy attached of the inspection on September 19,2017. Discussed the procedure of upcoming inspectio and the inspector said it was logged in to his computer for next due date in 2 years. Expiration date is September 2019. We will also call insurance company in August 2019 to schedule. This is written in maintenance log.

9/19/17

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Public Health Service
'cohol, Drug Abuse, and Mental Health Administration
Jational Institute of Mental Health

NAME: _____
DATE: _____
Prescribing Practitioner: _____

CODE 0=None
1=Minimal, may be extreme normal
2=Mild
3=Moderate
4-Severe

INSTRUCTIONS:
Complete Examination procedure (attachment d.)
Before making ratings

MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. Circle movement as well as code number that applies.		RATER Date	RATER Date	RATER Date	RATER Date
Facial and Oral Movements	**1. Muscles of Facial Expression** e.g. movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	2. Lips and Perioral Area e.g., puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	3. Jaw e.g. biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	4. Tongue Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	O 1 2 3 4
Extremity Movements	**5. Upper (arms, wrists,, hands, fingers)** Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (i.e., repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Trunk Movements	**7. Neck, shoulders, hips** e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Global Judgments	**8. Severity of abnormal movements overall**	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	9. Incapacitation due to abnormal movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	10. Patient's awareness of abnormal movements Rate only patient's report No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Dental Status	**11. Current problems with teeth and/or dentures?**	No Yes	No Yes	No Yes	No Yes
	12. Are dentures usually worn?	No Yes	No Yes	No Yes	No Yes
	13. Edentia?	No Yes	No Yes	No Yes	No Yes
	14. Do movements disappear in sleep?	No Yes	No Yes	No Yes	No Yes

Abnormal Involuntary Movement Scale (AIMS)

Definition

The Abnormal Involuntary Movement Scale (AIMS) is a rating scale that was designed in the 1970s to measure involuntary movements known as tardive dyskinesia (TD). TD is a disorder that sometimes develops as a side effect of long-term treatment with neuroleptic (antipsychotic) medications.

Purpose

Tardive dyskinesia is a syndrome characterized by abnormal involuntary movements of the patient's face, mouth, trunk, or limbs, which affects 20%–30% of patients who have been treated for months or years with neuroleptic medications. Patients who are older, are heavy smokers, or have diabetes mellitus are at higher risk of developing TD. The movements of the patient's limbs and trunk are sometimes called choreathetoid, which means a dance-like movement that repeats itself and has no rhythm. The AIMS test is used not only to detect tardive dyskinesia but also to follow the severity of a patient's TD over time. It is a valuable tool for clinicians who are monitoring the effects of long-term treatment with neuroleptic medications and also for researchers studying the effects of these drugs. The AIMS test is given every three to six months to monitor the patient for the development of TD. For most patients, TD develops three months after the initiation of neuroleptic therapy; in elderly patients, however, TD can develop after as little as one month.

Precautions

The AIMS test was originally developed for administration by trained clinicians. People who are not health care professionals, however, can also be taught to administer the test by completing a training seminar.

Description

The entire test can be completed in about 10 minutes. The AIMS test has a total of twelve items rating involuntary movements of various areas of the patient's body. These items are rated on a five-point scale of severity from 0–4. The scale is rated from 0 (none), 1 (minimal), 2 (mild), 3 (moderate), 4 (severe). Two of the 12 items refer to dental care. The patient must be calm and sitting in a firm chair that doesn't have arms, and the patient cannot have anything in his or her mouth. The clinician asks the patient about the condition of his or her teeth and dentures, or if he or she is having any pain or discomfort from dentures.

The remaining 10 items refer to body movements themselves. In this section of the test, the clinician or rater asks the patient about body movements. The rater also looks at the patient in order to note any unusual movements first-hand. The patient is asked if he or she has noticed any unusual movements of the mouth, face, hands or feet. If the patient says yes, the clinician then asks if the movements annoy the patient or interfere with daily activities. Next, the patient is observed for any movements while sitting in the chair with feet flat on the floor, knees separated slightly with the hands on the knees. The patient is asked to open his or her mouth and stick out the tongue twice while the rater watches. The patient is then asked to tap his or her thumb with each finger very rapidly for 10–15 seconds, the right hand first and then the left hand. Again the rater observes the patient's face and legs for any abnormal movements.

After the face and hands have been tested, the patient is then asked to flex (bend) and extend one arm at a time. The patient is then asked to stand up so that the rater can observe the entire body for movements. Next, the patient is asked to extend both arms in front of the body with the palms facing

downward. The trunk, legs and mouth are again observed for signs of TD. The patient then walks a few paces, while his or her gait and hands are observed by the rater twice.

Results

The total score on the AIMS test is not reported to the patient. A rating of 2 or higher on the AIMS scale, however, is evidence of tardive dyskinesia. If the patient has mild TD in two areas or moderate movements in one area, then he or she should be given a diagnosis of TD. The AIMS test is considered extremely reliable when it is given by experienced raters.

If the patient's score on the AIMS test suggests the diagnosis of TD, the clinician must consider whether the patient still needs to be on an antipsychotic medication. This question should be discussed with the patient and his or her family. If the patient requires ongoing treatment with antipsychotic drugs, the dose can often be lowered. A lower dosage should result in a lower level of TD symptoms. Another option is to place the patient on a trial dosage of Clozapine (Clozaril), a newer antipsychotic medication that has fewer side effects than the older neuroleptics.

Examination Procedure

Either before or after completing the examination procedure, observe the patient unobtrusively at rest (e.g., in the waiting room).

The chair to be used in this examination should be a hard, firm one without arms. Have the person remove their shoes and socks.

1. Ask the patient whether there is anything in his or her mouth (such as gum or candy) and, if so, to remove it.
2. Ask about the *current* condition of the patient's teeth. Ask if he or she wears dentures. Ask whether teeth or dentures bother the patient *now*.
3. Ask whether the patient notices any movements in his or her mouth, face, hands, or feet. If yes, ask the patient to describe them and to indicate to what extent they *currently* bother the patient or interfere with activities.
4. Have the patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at the entire body for movements while the patient is in this position.)
5. Ask the patient to sit with hands hanging unsupported -- if male, between his legs, if female and wearing a dress, hanging over her knees. (Observe hands and other body areas).
6. Ask the patient to open his or her mouth. (Observe the tongue at rest within the mouth.) Do this twice.
7. Ask the patient to protrude his or her tongue. (Observe abnormalities of tongue movement.) Do this twice.
8. Ask the patient to tap his or her thumb with each finger as rapidly as possible for 10 to 15 seconds, first with right hand, then with left hand. (Observe facial and leg movements.) [±activated]
9. Flex and extend the patient's left and right arms, one at a time.
10. Ask the patient to stand up. (Observe the patient in profile. Observe all body areas again, hips included.)
11. Ask the patient to extend both arms out in front, palms down. (Observe trunk, legs, and mouth.) [activated]
12. Have the patient walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice. [activated]

VERMONT DEPARTMENT OF PUBLIC SAFETY

DIVISION OF FIRE SAFETY

Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team

VERMONT

CERTIFICATE OF BOILER & PRESSURE VESSEL INSPECTION

VERMONT FIRE & BUILDING SAFETY CODE
BOILER/PV PROOF OF INSPECTION
INSP. NO. 122339

INSPECTION DATE _____ EXP. DATE _____

VIOLATIONS ☐ YES ☒ NO ☐ CORRECTED _____ DATE _____ INITIALS

DIVISION OF FIRE SAFETY
VERMONT DEPT. OF PUBLIC SAFETY

☑ Boiler ☐ Pressure Vessel ☑ External ☐ Internal

Structure Name:	Watson House				
911 Address:	18 Prospect St				
VT State ID #:	10491		NB # :		
Manufacturer:	H.B. Smith	Year:	1970	Object Type:	CI-BLR
MAWP:	15 psi	S/V- R/V Set Pressure:		15 PSI	
Insurance Co.:	Cincinnati	Inspector Name (Print):		Gordon Smith	
VT Comm. #:	960	Inspector Signature:		Gordon Smith	

REINSPECTIONS

INSPECTION TYPE: INT/EXT/OPERATING	DATE Mo/Day/Year	INSPECTOR NAME	VERMONT COMM. #	VIOLATIONS FOUND
EXT	8/4/14	G. Smith	960	None
External	9/19/17	Jared O'Leary	1097	N/A

***

THIS OBJECT MAY NOT BE OPERATED LEGALLY UNLESS THIS CERTIFICATE IS POSTED UNDER GLASS IN A CONSPICUOUS PLACE IN ENGINE OR BOILER ROOM

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*****Report any accident, incident or explosion to 802-479-4434 *****
(1-888-870-7888 outside of normal business hours)

Revised 2/2012